

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND APPARATUS FOR ENABLING A NETWORK DEVICE TO OPERATE IN ACCORDANCE WITH MULTIPLE PROTOCOLS, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application(s), designating at least one country other than the United States, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application(s) of which priority is claimed:

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Application Number	Date of Filing

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(c) of any PCT international application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Combined Declaration and Power of Attorney
Attorney's Docket No. F0700

U.S. Applications		Status (Check One)		
U.S. Application Number	U.S. Filing Date	Patented	Pending	Abandoned

PCT Applications Designating the U.S.					
PCT Application No.	PCT Filing Date	U.S. Serial Number Assigned (if any)			

I hereby appoint the following attorney and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. HARRITY & SNYDER, L.L.P.; Paul A. Harrity, Reg. No. 39,574; Glenn Snyder, Reg. No. 41,428; John E. Harrity, Reg. No. 43,367; Tony M. Cole, Reg. No. 43,417; Brian E. Ledell, Reg. No. 42,784; and Alan Pedersen-Giles, Reg. No. 39,996; all of

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

F0700-044040

Full Name of First Inventor <i>Alan</i> Robert A. WILLIAMS	Inventor's Signature <i>Robert Alan Williams</i>	Date <i>4/3/2001</i>
Residence Cupertino, California		Country of Citizenship USA
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Table 1. Demographic characteristics of the study population	
Age (years)	65.0 ± 1.5
Gender (male/female)	10/10
Education (years)	12.0 ± 1.0
Occupation (white/blue)	10/10
Marital status (married/divorced/widowed)	10/10/0
Smoking status (smoker/nonsmoker)	10/10
Alcohol consumption (yes/no)	10/10
Comorbidities (hypertension/diabetes/cholesterol)	10/10/10
Medication (antihypertensive/antidiabetic/anticholesterol)	10/10/10
Family history (hypertension/diabetes/cholesterol)	10/10/10
Physical activity (yes/no)	10/10
Stress level (high/low)	10/10
Sleep quality (good/poor)	10/10
Depression (yes/no)	10/10
Overall health (good/poor)	10/10